

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2969

967

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		12	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 823rd N. 21st / St				d. STREET ADDRESS (If rural, give location) 823rd N. 21st St			
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)		b. (Middle)		c. (Last) McAllister	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
1 - 29 - 1949							
5. SEX FEMALE		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept 1st 1868	
9. AGE (in years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baton Rouge LA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JERRY PRATHER		13b. MOTHER'S MAIDEN NAME JANE		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Newton McAllister		ADDRESS 823rd N. 21st St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS Chr Senile ANTECEDENT CAUSES Senility Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) 9/2 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION U 222				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-16 , 19 43 , to 1-29 , 19 49 , that I last saw the deceased alive on 1-29 , 19 49 , and that death occurred at 1:36 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. G. Bierman		23b. ADDRESS M. O. 2335 Franklin		23c. DATE SIGNED 1-31-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-3-49		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) St Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 1 1949 J. B. Lesater		25. FUNERAL DIRECTOR'S SIGNATURE ELLIS FUNERAL HOME		ADDRESS 2820 Stoddard St			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4580

P. O. Address 4214 Delma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.